OPINION

Independent Record

Founded 1876 | A Lee Enterprises Newspaper
317 Cruse Ave., Helena, MT 59601
editor@helenair.com | helenair.com/news/opinion

GUEST COLUMN

First lesson for suicide prevention: Ignore the math

JOHN SOMMERS-FLANAGAN

Death by suicide in the U.S. is at a 30-year high. This is tragic, puzzling and depressing news. Facing the fact that 42,773 Americans chose to die by suicide in 2014 is difficult.

But face it we must.

Last month, the National Center for Health Statistics released a report sprinkled with grim numbers, graphs and charts. The evidence of our national suicide problem is immense: a 24 percent overall increase since 1999; a 43 percent increase among 45-64 year-old males; a horrifying 200 percent increase among 10- to 14-year-old girls.

The good news is that suicide prevention isn't about math or numbers. It's about understanding the six primary evidence-based factors that drive suicide. These include: intense psychological pain, disrupted social connections, loss of meaning, hopelessness that anything will ever improve, agitation, problem-solving deficits, and availability of lethal means.

Suicide prevention is simple: Address these big issues. Prevention also requires a foundation of compassion, empathy and respect for people who feel suicidal.

But prevention is also complex. Other factors make suicide prevention difficult.

People who are highly suicidal view suicide as their last best option. Nietzsche claimed it was a comfort — a comfort in response to living in painful misery. Thinking about suicide can be a natural coping response. We need to recognize this paradoxical reality. When we listen compassionately to people who are thinking about suicide — instead of coercing them to face unending misery — it helps reduce their need to act.

In addition, individuals who are depressed and suicidal can be very unpleasant. I'm generalizing here, but depressive symptoms increase irritability. This is why your efforts to help might be met with nastiness. Sometimes being a coworker, friend, parent or spouse of someone who is suicidal isn't much fun.

The complexity involves more than irritability; it includes ambivalence. Many suicidal people totter on the fence; they don't know if they want to live or die. As a consequence, they can be perceived as manipulative and attention-seeking — even when they're not.

So how can we move forward, given the depressing NCHS news and the complexities I've described?

The numbers in the NCHS report are mostly meaningless. Risk factors don't help individuals. Even among high-risk groups, only about one in a thousand will die by suicide. And some people in very low-risk groups die by suicide too. Suicide is unpredictable. No one should blame themselves because they "should have known."

Instead of focusing on numbers and risk factors, we — and I'm talking about everyone from medical professionals to the person on the street — need skills for talking with and guiding people with suicidal impulses toward evidence-based treatment opportunities.

Our culture — especially the medical profession — needs to stop viewing people with suicidal thoughts as deviant. Any highly distressed person might naturally think about suicide as a possible solution. Thinking about suicide isn't the problem. The last thing people who are suicidal need is to feel judged for feeling sad, bad and desperate. That just contributes to their isolation, and feeling isolated increases suicidality.

It doesn't matter if you're speaking with a male Native American veteran, a white teen living in poverty, a transgender person with previous suicide attempts or your old college buddy. It doesn't matter if you're a therapist, a friend or a family member. The prescription for suicide prevention is the same: Listen. Show compassion and empathy. Do that even when the person is irritable and unappreciative. Acknowledge that suicide is an option, but brainstorm happier solutions. Help them develop a better coping plan. Lock up the guns. And throughout the process, treat them like unique individuals worthy of your respect.

When it comes to effective suicide prevention, there will be no math. We need to avoid an arithmetic of apathy and replace it with compassion and caring.

Suicide statistics don't help, but you can.

John Sommers-Flanagan is a clinical psychologist and professor at the University of Montana. He is the author of nine books, including "Clinical Interviewing" (6th edition forthcoming; John Wiley & Sons).